



COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

PIEDMONT REGIONAL OFFICE

4949-A Cox Road, Glen Allen, Virginia 23060

(804) 527-5020 Fax (804) 527-5106

www.deq.virginia.gov

L. Preston Bryant, Jr.
Secretary of Natural Resources

David K. Paylor
Director

Gerard Seeley, Jr.
Regional Director

May 4, 2006

King William County
McCauley Park Subdivision
Revision 4, Standby Generator
21324

Todd Rodgers
McCauley Park, LLC
7240 Lee Davis Road
Mechanicsville, Virginia 23111

Dear Mr. Rodgers

This Office has received revised plans as prepared by Balzer and Associates, for the referenced facility. The plans entitled "McCauley Park, Pump Station, Plans and Specifications" with four revisions include ten sheets and are engineer stamp dated April 19, 2006. The specifications entitled "Electric Power System Specification" April 11, 2006.

The project consists of a previously approved gravity collection system, pump station and force main to serve a residential and commercial park. This revision adds standby power to the pump station. King William County will own the facility.

The evaluation of this revision has been confined to technical requirements and design criteria, as stipulated in the Commonwealth of Virginia *Sewage Collection and Treatment Regulations*.

In accordance with Virginia Water Control Law, *Code of Virginia*, 1950 as amended in Title 62.1, Section 62.1-44.19, this letter report is to advise that the previously mentioned revision is technically adequate and is approved by this office with the condition that provisions regarding the standby power are included in the Operations and Maintenance Manual.

King William County
McCauley Park Subdivision
Revision 4, Standby Generator
21324

One set of the previously described plans and specifications with Virginia Department of Environmental Quality approval stickers is enclosed.

This letter is your Certificate to Construct

Sincerely,

A handwritten signature in black ink, reading "Raymond R. Barrows, Jr." with a stylized flourish at the end.

Raymond R. Barrows, Jr., P.E.
Area Engineer
Office of Wastewater Engineering

J. R. Bell Jr., DEQ-PRO
Thomas Irungu, M.D., M.P.H., Director, Three Rivers Health District
Frank A. Pleva, Administrator, King William County
F. Cameron Palmore, O.E., Balzer and Associates
James C Pyne, Ph.D., P.E., HRSD

7/03

Project: Mc CAULEY PARK

PUMP STATION
REVIEW FORM

Page 1 OF 6
Date 4/3/06
Reviewed By: RRB

REQUIREMENT

REFERENCE

COMMENTS

Location of Pump Station _____

King William

Buffer zone: 100' +

C2

100' recommended

Station Protected from 100-year flood: X

C1 note

Fully operational during 25-year flood: OK

C2

All-weather access road provided: yes

C2

RECEIVING FACILITIES

accepted by King William

Capacity of receiving sewer line _____ MGD

Adequate?

Capacity of receiving pump stations _____ MGD

Adequate?

Capacity of receiving STW = _____ MGD

Adequate?

STP average flow (1 yr.) _____ MGD

PRETREATMENT

Discharge piping designed to prevent grit from settling in lines of pumps not in operation: (Y/N)

C8

Briefly describe any pretreatment provided: none
(restaurants must have a grease trap)

C8

PUMPING UNITS

Type of Pumps Provided submersible

C8

Number of pumping units provided: 2

C8

minimum of 2

C9

Pump No.	Friction Head (ft)	Static Head (ft)	Rated Capacity (gpm)	Rated TDH (ft)	Operating Capacity (gpm)	Computed TDH (ft)	Variable Constant Speed
<u>1-2</u>	<u>97-121</u>	<u>112</u>	<u>248</u>	<u>248</u>	<u>248</u>	<u>233</u>	<u>✓</u>

7/03

Project:

PUMP STATION
REVIEW FORMPage 2 OF 6
Date 4/2/06
Reviewed By: RRBProject: McCawley ParkSTATIC HEAD: -High point elev: 168
Pump Off elevation: 56
112RESIDUAL HEAD: - 24FRICTION HEAD: - 97APPERTENANCE:

C =

EQ LENGTH OF PIPE, ft

Friction losses:

FLOW (gpm)	RES + STATIC HD (ft)	FRICTION LOSSES (ft)	TDH (ft)	velocity (fps)	loss/100' (ft)
250	136	97	233	$\frac{250}{2.5 \times 6^2} = 2.8$	

Plot FLOW against TDH on the next page (pump curve).

The pumps will operate at 230 gpm vs. 250 feet TDH,
to 340 gpm vs. 200 feet TDH.
powered by a _____ HP electric motor.

10/01

Project:

Mc Carley ParkPUMP STATION
REVIEW FORMPage 16 OF 6
Date 4/3/06
Reviewed By: RENREQUIREMENTREFERENCECOMMENTSFLOW MEASUREMENT (IF PROVIDED)Type of measuring device Lapsed time meter notes pg 6
Capacity _____ MGD Properly Sized? (Y/N) _____CROSS-CONNECTION CONTROLRPZ device on potable water line to pump station? future?

If "No", explain _____

Seal water system provided? (Y/N) Y
Adequately protected? (Y/N) _____RELIABILITYReliability Class 1

Provision for continuous operability provided? _____

Describe provision _____
Adequate? (Y/N) _____

Is adequate power distribution provided? (Y/N) _____

capable of starting the
specified pumps

Breaker settings or fuse ratings adequate? (Y/N) _____

Electrical control center locations adequate? (Y/N) _____

inside and be able to
see the pump stationAre 3-phase motors adequately protected from
short circuits and overloads? (Y/N) _____check the phase that is
available to the station

Low voltage protection for motors? (Y/N) _____

all pump motors

Emergency power equipment adequately located? (Y/N) _____

Adequate emergency power generator starting system? _____

battery with a trickle
charge or can start
three consecutive times

Alarm system provided? (Y/N) _____

Describe _____

Is the alarm system adequate for the designated
reliability class? (Y/N) _____

(Class I must monitor main power supply, auxiliary power supply, failure of each pump to discharge, and high liquid level in wet/dry wells; and be equipped with a test function and a back-up power supply. On-site audio-visual alarm required with telemetry to site manned 24 hours per day.) Decibel rating for the audio alarm = _____ decibels at _____ feet.

(Class II/III must monitor high liquid level in wet well with on-site audio/visual alarm.)

7/03

Project:

McCauley ParkPUMP STATION
REVIEW FORMPage 3 OF 6
Date 4/3/06
Reviewed By: RMSREQUIREMENTREFERENCECOMMENTSIs capacity of pumping equipment adequate? (Y)Can peak flow be pumped with largest unit out of service? (Y)Alternating control: yesType of control mechanism: submersible transformerControls adequately protected from the weather:
(inside or NEMA rated: OK)Junction Box out of Wet Well? yes

Individual suction and intake lines: _____

Suction line size _____ inches

Velocity (range) in suction line _____ fps

Discharge line size 4 inchesVelocity (range) in discharge line 6.7 fpsAre line sizes and velocities adequate? (Y)Is there a limit switch? (Y/N) Velocity range ok? (Y)

Is gate valve provided on each suction line? (Y/N)

Gate valve and check valve on each discharge line? (Y)Size of spheres that pass through pump 3 inches

If less than 3 inches, explain: _____

notes ch 2notes ch 4

Adequate?

CRCRN/AN/A

4-inch minimum

N/A

2 to 6 fps

CR

2 to 8 fps

250
2.5 ft²CRCR

both on each line

notes CRminimum 3" diameter
Can pass 2" if a
≤ 2" bar screen is
providedSUBMERSIBLE PUMP STATIONSProvisions for pump quick disconnect & reconnect: yesHoist and accessories: yesShut-off & check valves located in a separate vault? (Y)CR

for small stations

CRCRSUCTION LIFT STATIONS

Net positive suction head requirements met? (Y/N)

Gate valve provided on suction line? (Y/N)

Air relief piping on pump discharge line? (Y/N)

Pumps, shutoff, & check valves located outside wet well?

min. 1.25" diameter

7/03

Project:

PUMP STATION
REVIEW FORMPage 4 of 6
Date 4/3/06
Reviewed By: RRBREQUIREMENTREFERENCECOMMENTSWET WELL

Is there mechanical equipment/screens which requires personnel to enter the wet well? (Y/N)
If "No", is a 4-inch downward-facing, screened vent provided? (Y/N)

If yes, there must be mechanical ventilation

Volume from floor to rim = _____ cu. ft. (next page)

Ventilation fan capacity _____ cfm

Air changes per hour

(30 air changes/hr minimum for intermittent operation)
(12 air changes/hr minimum for continuous operation)

$$\text{air changes/hr} = \frac{\text{fan capacity} \times 60}{\text{volume}} = \frac{(\text{cfm}) \times 60}{(\text{cu. ft.})} =$$

air changes/hr

Is ventilation adequate? (Y/N)

Fan of non-sparking variety? (Y/N)

Adequate access provided? (Y/N)

to pull equipment

Adequate lighting provided? (Y/N)

to work at night

Wet well fillets provided? (Y/N) Slope 1:1

minimum of 1:1

Wet well divided? (Y/N)

If "yes", properly interconnected? (Y/N)

Volume between pump off and pump 1 on = _____ gallons

(59.28 - 56.5) π \times 4.5² \times 7.48
800 gal

Is design adequate to prevent both pump from overheating due to excessive starts and septic conditions due to excessive detention time? (Y/N)

DRY WELL

Adequate access provided? (Y/N)

Provisions for removing equipment? (Y/N)

Describe

Sump pump provided? (Y/N)

Discharge point _____

Back to wet well and down towards the water level

Volume of dry well = _____ cu. ft.

Ventilation fan capacity _____ cfm

Air changes per hour

(30 air changes/hr minimum for intermittent operation)
(12 air changes/hr minimum for continuous operation)

$$\text{air changes/hr} = \frac{\text{fan capacity} \times 60}{\text{volume}} = \frac{(\text{cfm}) \times 60}{(\text{cu. ft.})} =$$

air changes/hr

7/03

Project:

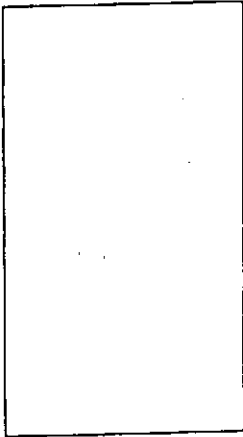
McCauley Park

PUMP STATION
REVIEW FORM

Page 5 OF 6
Date 4/3/06
Reviewed By: RMB

back-up floats

Wetwell:



Elevations

--Top = 82.
--Ground = 81.5

--Inlet = 63.0
--Alarm = 62.3

--Lag Pump On = 61.75
--Lead Pump On = 59.28

--Pump Off = 56.50

--Intake =
--Floor =

WETWELL

A. TOTAL VOLUME:

$$26 \times 4.5^2 \times \pi \times 7.48 = 7500$$

B. OPERATING VOLUME:

800

C. ABOVE ALARM VOLUME:

$$7500 \times \frac{19}{26} = 5500$$

CYCLE TIME

1. PUMP TIME =

$$\frac{\text{OPERATING VOLUME}}{\text{PUMP RATE} - \text{MIN. INFLOW}}$$

$$\frac{800}{250 - 50} = 4$$

2. FILL TIME =

$$\frac{\text{OPERATING VOLUME}}{\text{MINIMUM INFLOW}}$$

$$\frac{800}{50} = 16$$

3. CYCLE TIME =

20

4. OVERFLOW TIME

$$= \frac{\text{ABOVE ALARM VOLUME}}{\text{PEAK FLOW IN}}$$

$$\frac{5500}{250} = 22 \text{ min}$$

NET POSITIVE
SUCTION HEAD:

Atmospheric Head	(+)	33.9
Vapor Head	(-)	-1.0
Friction Head	(-)	
Suction or Head (+) Lift (-)		
NPSH Available		
NPSH Required		

(NPSH_A must be > NPSH_R)

SUBMERGENCE:



RECEIVED
MAR 29 2006
PRO

LETTER OF TRANSMITTAL

3-28-06

DATE <u>2-23-06</u>	JOB NO. H0200184
ATTENTION Reed Barrows	
RE McCauley Park Pump Station	
VIA <input checked="" type="checkbox"/> U.S. Mail	
<input type="checkbox"/> U.P.S.	
<input type="checkbox"/> Airborne Express	
<input type="checkbox"/> Fed. Express	
<input type="checkbox"/> Hand Delivered	
<input type="checkbox"/> Picked Up	
<input type="checkbox"/> Other <u>Courier</u>	

TO State Health Department Dept of Env. Quality
1500 E. Main St. 449 A Cox Rd.
Richmond VA 23210 Glen Allen, VA 23060

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via _____ the following items:
☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ CD

COPIES	DATE	NO.	DESCRIPTION
2			Revised Plan
1			Revised Specifications

THESE ARE TRANSMITTED as checked below:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> For approval | <input type="checkbox"/> Approved as submitted | <input type="checkbox"/> Resubmit _____ copies for approval |
| <input type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted | <input type="checkbox"/> Submit _____ copies for distribution |
| <input type="checkbox"/> As requested | <input type="checkbox"/> Returned for corrections | <input type="checkbox"/> Return _____ corrected prints |
| <input type="checkbox"/> For review and comment | <input type="checkbox"/> | |

REMARKS

COPY TO _____

SIGNED: Brandon Strick

PLANNERS • ARCHITECTS • ENGINEERS • SURVEYORS

1208 Corporate Circle • Roanoke, Virginia 24018 • Phone (540) 772-9580 • Fax (540) 772-8050
 501 Branchway Road • Richmond, Virginia 23236 • Phone (804) 794-0571 • Fax (804) 794-2635
 880 Technology Park Drive • Suite 200 • Glen Allen, Virginia 23059 • Phone (804) 553-0132 • Fax (804) 553-0133
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RECEIVED
APR 20 2006
PRO

LETTER OF TRANSMITTAL

TO VA DEQ
Office of Wastewater Engineering
4949-A Cox Road
Glen Allen, VA 23060

DATE	4-19-06	JOB NO.	h0200184
ATTENTION	Reed Barrows		
RE	McCauley Park Pump Sta		
VIA	<input type="checkbox"/> U.S. Mail <input type="checkbox"/> U.P.S. <input type="checkbox"/> Airborne Express <input type="checkbox"/> Fed. Express <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Picked Up <input type="checkbox"/> Other		

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐

COPIES	DATE	NO.	DESCRIPTION
2			Revised Plan
1			Additional Generator and Transfer switch Specs

THESE ARE TRANSMITTED as checked below:

- | | | |
|---|---|---|
| <input type="checkbox"/> For approval | <input type="checkbox"/> Approved as submitted | <input type="checkbox"/> Resubmit _____ copies for approval |
| <input type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted | <input type="checkbox"/> Submit _____ copies for distribution |
| <input type="checkbox"/> As requested | <input type="checkbox"/> Returned for corrections | <input type="checkbox"/> Return _____ corrected prints |
| <input type="checkbox"/> For review and comment | <input type="checkbox"/> | |

REMARKS

COPY TO _____

SIGNED: _____

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